

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SAKANE et al. Examiner: FOREMAN, Jonathan
Serial No.: 10/527417 Group Art Unit: 3736
Filed: March 11, 2005 Docket: 10873.1627USWO
Title: MEDICAL GUIDE WIRE AND PROCESS FOR PRODUCTION THEREOF

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper is being transmitted by EFS Web to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on December 9, 2010.

By: 

Name: Chieko Rogers

REFUND REQUEST

Mail Stop: Refund
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

The Applicants hereby request a refund under 37 C.F.R. § 1.26. Applicants filed an Information Disclosure Statement on October 29, 2010 with a fee of \$180. The fee was paid in error. The Information Disclosure Statement was submitted together with a Request for Continued Examination under 37 C.F.R. § 1.114 and therefore the fee was not required. Applicants respectfully request that the amount of \$180 be refunded.

If desired, the refund may be made via the deposit account No. 50-3478 for Hamre, Schumann, Mueller & Larson, P.C.

Respectfully submitted,

HAMRE, SCHUMANN, MUELLER &
LARSON, P.C.
P.O. Box 2902
Minneapolis, MN 55402-0902
(612) 455-1380

Dated: December 9, 2010

By: 

Douglas P. Mueller
Reg. No. 30,300

DPM/cmr

52835

Customer Number